TOWN OF LAKE PARK BUILDING PERMIT APPLICATION

(Please Print)

PCN #:	Permit #
Owner's Name	Owner's Phone #
Owner & Address	Co11 4
State	Zip
Contractor 5 Ivanic	Phone #
Contractor's Address	Cell #Zip
CityState	Zip
Job Address	T
SINGLE FAMILY DUPLEX MULTI-FAMILY	RETAIL OFFICE INDUSTRIAL HISTORIC HOME
DEVELOPMENT ORDER YESNO _	DATE ISSUEDEXPIRES
ESTIMATED VALUE OF CONSTRUCT	
DESCRIPTION OF WORK:	
Applicant is hereby required to obtain a permit to do we	ork and installations as indicated. I certify that no work or installation
rules, and regulations governing construction in this jur	at all work will be performed to meet the standards of all codes, laws, isdiction. I understand that a <u>SEPARATE PERMIT</u> must be secured OFING, SIGNS, WELLS, POOLS, WINDOWS, DOORS, WATER
HEATERS, GENERATORS, AND AIR CONDITIO	ONING WORK, ETC.
OWNER'S AFFIDAVIT: I certify that all the	foregoing information is accurate and that all work will be done
	to ogoing intormation is accurate and that all work will be done
in compliance with all applicable codes, laws, rule	s, and regulations governing construction and gaming
in comphance with all applicable codes, laws, fule	s, and regulations governing construction and zoning.
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NOTE: This permit **VOID** after 180 days UNLESS the work which is covered has commenced. All **Contractors** must have valid State Certification or County Competency plus County and City Occupational Licenses prior to obtaining a permit.

ANY CHANGE IN BUILDING PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK <u>NOT COVERED</u> ABOVE MUST HAVE A VALID PERMIT PRIOR TO STARTING. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER AND BUILDER AGREE TO ERECT THIS STRUCTURE IN FULL COMPLIANCE WITH THE BUILDING AND ZONING CODES.

TYPE OF CONSTRUCTION

		Radon Fee	
OCCUPANCY TYPE		BCAIF	
ROOF TYPE		SUB-TOTAL	\$
FENCE TYPE			
AREA SQUÀRE FEET			
FLOOD ZONE		VALUATION	FEE
BASE FLOOD ELEVATION		Site Improve.	
FINISHED FLOOR ELEVATION		Building	
NUMBER OF STORIES		Electrical	
NUMBER OF UNITS		Mechanical	•
PARKING SPACES REQUIRED		Plumbing	
PARKING SPACES PROVIDED)	Roofing	
NUMBER OF BEDROOMS		Sewer	
NUMBER OF BATHROOMS	·	Drainage	
		Excavation	
		Landscaping	
	·	Paving	
Received by:	_ Date	Sign	
		Windows	
		Doors	-
		Generators	
		Sub-Total	\$
		Total	\$
		Less Plan Filing Fee	\$
		TOTAL AMOUNT DUE	\$
•		RECEIPT NUMBER DATE ISSUED	
		RECEIPT NUMBER	
		DATE ISSUED	

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS